

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA

Benjamin Allen

3485812

(Enter above the full name of the plaintiff
or plaintiffs in this action).

(Inmate Reg. # of each Plaintiff)

VERSUS

CIVIL ACTION NO. 5:19-cv-00238
(Number to be assigned by Court)

~~Benjamin Allen~~

Michael Francis

(Enter above the full name of the defendant
or defendants in this action)

COMPLAINT

I. Previous Lawsuits

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes _____

No

B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit:

Plaintiffs: _____

Defendants: _____

2. Court (if federal court, name the district; if state court, name the county);

3. Docket Number: _____

4. Name of judge to whom case was assigned:

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

II. Place of Present Confinement: Southern Regional Jail

A. Is there a prisoner grievance procedure in this institution?

Yes / No

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes / No

C. If you answer is YES:

1. What steps did you take? Filed grievances and spoke with the Superintendent
2. What was the result? Nothing the grievances was ignored and nothing was accomplished

D. If your answer is NO, explain why not: _____

III. Parties

(In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff: Benjamin Allen #11

Address: 1200 Airport Rd Beaver Wk 258/3

B. Additional Plaintiff(s) and Address(es): _____

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

C. Defendant: _____

is employed as: _____

at _____

D. Additional defendants: _____

IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

I have been on Administrative Segregation for a year and a half in that time I've seen many white inmates come and go for the something that in down here for so I feel like he's showing the white inmates more favor then the Black inmates

IV. Statement of Claim (continued):

V. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments.
Cite no cases or statutes.

IM being treated unfairly because of my race
I feel like I am losing the basic needs in life
that's making me lose my train of thought
which is making me lose sleep and stressing
myself and my family out - Monetary Compensation

V. Relief (continued)):

VII. Counsel

- A. If someone other than a lawyer is assisting you in preparing this case, state the person's name:

- B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?

Yes ☒ No ☒

If so, state the name(s) and address(es) of each lawyer contacted:

Debra Kilgore

If not, state your reasons:

- C. Have you previously had a lawyer representing you in a civil action in this court?

Yes ☐ No ☒

If so, state the lawyer's name and address:

Signed this 26th day of March, 2019.

Benjamin Allen III

Signature of Plaintiff or Plaintiffs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 3-26-19
(Date)

Benjamin Allen III
Signature of Movant/Plaintiff

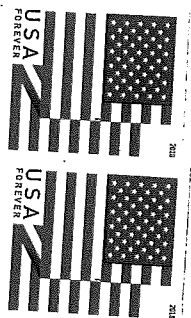
Signature of Attorney
(if any)

Benjamin Allen
INMATE NAME
3485819

INMATE OID#

SOUTHERN REGIONAL JAIL
AND CORRECTIONAL CENTER
1200 AIRPORT ROAD
BEAVER, WV 25813

THE WRITER OF THIS LETTER
IS AN INMATE OF THE
SOUTHERN REGIONAL JAIL
AND CORRECTIONAL CENTER



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